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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

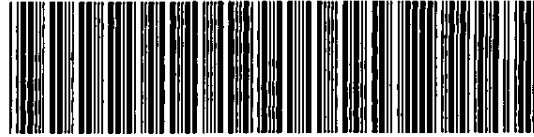
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/23/09 -01034--011 **113.75

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10 JAN -7 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 8 2010

EXAMINER

S. HAWKES

DEC 3 0 2009

EXAMINER

W09-56207



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2009

GILLIAN BREAKSPEARE
10913 NW 30TH ST 100
DORAL, FL 33172

SUBJECT: OILS & HERBS FOR WELLBEING, INC.
Ref. Number: W09000056207

We have received your document for OILS & HERBS FOR WELLBEING, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 709A00039549

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OILS & HERBS FOR WELLBEING, INC.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Gillian Breakspeare

Contact Person

Firm/Company

10913 NW 30th St., #100

Address

Doral, FL 33172

City, State and Zip Code

Gillian@LBCPA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gillian Breakspeare

Name of Contact Person

at (305)

Area Code and Daytime Telephone Number

274 - 5811

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
10 JAN -7 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

OILS & HERBS FOR WELLBEING, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company **LO9-73538**
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on July 30, 2009
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

OILS & HERBS FOR WELLBEING, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: date of filing.
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 23 day of December, 2009.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Gillian Breakspeare Title: Manager

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Gillian Breakspeare Title: Sole Member/Manager

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$ 8.75 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

OILS & HERBS FOR WELLBEING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10913 NW 30th St., #100
Doral, Florida 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engaging in any and all businesses permitted by law

ARTICLE IV SHARES

The number of shares of stock is:

three thousand (3000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Gillian Breakspeare, 10913 NW 30th St., #100, Doral, Florida 33172

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Gillian Breakspeare, 10913 NW 30th St., #100, Doral, Florida 33172

ARTICLE VII INCORPORATOR

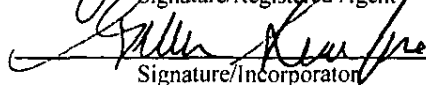
The name and address of the Incorporator is:

Gillian Breakspeare, 10913 NW 30th St., #100, Doral, Florida 33172

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

1/23/05

Date

1/22/05

Date

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10 JAN -7 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA